

**3 Swimmers From One Family**  
**Windsor Essex Swim Team**  
 REGISTRATION FORM FOR 2017-2018 SEASON (September 5 – August TBA)  
**MASTERS**

SWIMMERS NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ GENDER \_\_\_\_\_  
Year Month Day

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE: \_\_\_\_\_

Name of the First Swimmer from your Family \_\_\_\_\_ Group \_\_\_\_\_

Name of the Second Swimmer from your Family \_\_\_\_\_ Group \_\_\_\_\_

<b>ANNUAL FEES(33% OFF Regular Price)</b>	
<b>TOTAL OWING include HST and Swim Ontario Registration Fee</b>	<b>\$747</b>

**PLEASE ATTACH ALL 5 CHEQUES:**

Date	AMOUNT
Registration	\$347
Nov.2, 2017	\$100
Jan.2, 2018	\$100
March 2, 2018	\$100
May 2, 2018	\$100

**Trial Program (16 practices):**  
**\$200.00 ( NO Refund)**

**REFUND POLICY:**

- On withdrawal, the swimmer will be charged for the number of months or part months that they have attended (Fees per month \$68) **Withdraw begins on receipt of written notification.**
- There is no refund of Swim Ontario fees (**\$60**).
- If withdrawal occurs within 2 weeks of registration, there will be a full refund less an Administration fees (\$10/practice, minimum \$50)
- **NSF CHARGES:           \$25.00**

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

Is there any medical condition or information we should know about? \_\_\_\_\_

SWIMMER'S SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_ HEALTH CARD NUMBER: \_\_\_\_\_

HOW DID YOU FIND ABOUT WEST: \_\_\_\_\_